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**sanofi pasteur**

The vaccines business of sanofi-aventis Group

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Facsimile: (571) 273-8300

From:  
Robert Yoshida  
Sanofi Pasteur Inc.

This facsimile is 7 pages, including this cover page

April 14, 2006

Re:    **Appl. No.:**            09/673,133  
      **Applicant:**        Lisa E. Myers et al.  
      **Filed:**             June 11, 2002  
      **Title:**              Transferrin Receptor Genes of Moraxella  
      **TC/A.U.:**           1646  
      **Examiner:**        Pak, Michael D.  
      **Confirmation No.:** 9490  
      **Docket No.:**      1038-1102 MIS:jb

This facsimile consists of:

Transmittal Form (1 page)  
Transmittal Letter ( 1 page)  
Revocation of Power of Attorney with New Power of Attorney (1 page)  
Power of Attorney and Correspondence Address Indication Form (1 page)  
Statement Under 37 CFR 3.73(b) (1 page)  
Certificate of Transmission under 37 CFR 1.8 (1 page)

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THANK YOU

APR 14 2006

PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application Number	09/673,133
Filing Date	June 11, 2002
First Named Inventor	Lisa E. Myers
Art Unit	1646
Examiner Name	Pak, Michael D.
Attorney Docket Number	1038-1102 MIS:jb

**ENCLOSURES (Check all that apply)**

- ☐ Fee Transmittal Form
- ☐ Fee Attached
- ☐ Amendment/Reply
- ☐ After Final
- ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Reply to Missing Parts/ Incomplete Application
- ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☒ Power of Attorney, Revocation
- ☒ Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) \_\_\_\_\_
- ☐ Landscape Table on CD

- ☐ After Allowance Communication to TC
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below):
- Transmittal Letter
- Certificate of Transmission

**Remarks**

The total number of pages in this submission includes this Transmittal Form.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Sanofi Pasteur Inc.		
Signature	<i>Robert Yoshida</i>		
Printed name	Robert Yoshida		
Date	April 14, 2006	Reg. No.	54,941

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

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APR 14 2006

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

Appl. No.: 09/673,133  
Applicant: Lisa E. Myers et al.  
Filed: June 11, 2002  
Title: Transferrin Receptor Genes of Moraxella  
TC/A.U.: 1646  
Examiner: Pak, Michael D.  
Confirmation No.: 9490  
Docket No.: 1038-1102 MIS:jb

BY FACSIMILE: (571) 273-8300

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Facsimile: (571) 273-8300

## TRANSMITTAL LETTER

Sir:

Attached herewith are: 1) Revocation of Power of Attorney With New Power of Attorney Form, 2) Power of Attorney and Correspondence Address Indication Form, 3) Statement Under 37 CFR 3.37(b), and 4) Certificate of Transmission under 37 CFR 1.8.

The Applicants respectfully request consideration and entry of these papers. Should the Examiner have any questions concerning this paper, she is invited to contact the undersigned at (570) 839-5537.

Respectfully submitted,

Date: April 14, 2006By: Robert Yoshida  
Robert Yoshida  
Reg. No. 54,941

Sanofi Pasteur Inc.  
Intellectual Property - Knerr Building  
One Discovery Drive  
Swiftwater, PA 18370  
Telephone: (570) 839-5537  
Facsimile: (570) 895-2702

APR 14 2006

PTO/SB/62 (04-05)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/673,133
Filing Date	06/11/2002
First Named Inventor	Lisa E. Myers
Art Unit	1646
Examiner Name	Pak, Michael D
Attorney Docket Number	1038-1102 MJS:jb

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number.

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

(570) 839-5537

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (04-05)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	09/673,133
Filing Date	June 11, 2002
First Named Inventor	Lisa E. Myers
Title	Transferrin Receptor Genes of Moraxella
Art Unit	1646
Examiner Name	Pak, Michael D.
Attorney Docket Number	1038-1102 MIS:jb

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Robert Yoshida	54,941
Thomas Bordner	47,436
Todd Sladek	53,768
John Parrish	35,315

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sanofi Pasteur Inc.		
Address	Intellectual Property - Knerr Building One Discovery Drive		
City	Swiftwater	State	PA Zip 18370
Country			
Telephone	570-839-5537	Email	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Robert Yoshida</i>	Date	April 14, 2006
Name	Robert Yoshida	Telephone	(570) 839-5537
Title and Company	Patent Agent, Sanofi Pasteur Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/96 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Aventis Pasteur LimitedApplication No./Patent No.: 09/673,133 Filed/Issue Date: June 11, 2002Entitled: Transferrin Receptor Genes of MoraxellaAventis Pasteur Limited, a  
(Name of Assignee)Corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 013246, Frame 0095, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:


1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose name is supplied below) is authorized to act on behalf of the assignee.



Signature

Robert Yoshida

Printed or Typed Name

Patent Agent

Title

April 14, 2006

Date

(570) 839-5537

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PYO-9199 and select option 2.

U.S. Appl. No. 09/673,133, filed June 11, 2002  
Attorney Docket No. 1038-1102 MIS:jb

PTO/SB/97 (09-04)  
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## Certificate of Transmission under 37 CFR 1.8

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on 04/14/06  
Date

  
Signature

Robert Yoshida

Typed or printed name of person signing Certificate

54,941  
Registration Number, if applicable

(570) 839-5537  
Telephone Number

**Note:** Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

The following papers listed below are submitted:

Transmittal Form (1 page)

Transmittal Letter (1 page)

Revocation of Power of Attorney with New Power of Attorney (1 page)

Power of Attorney and Correspondence Address Indication Form (1 page)

Statement Under 37 CFR 3.73(b) (1 page)

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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